UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address; COMMISSIONER FOR PATENTS

P O Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

## NOTICE OF ALLOWANCE AND FEE(S) DUE

26161 7590 03/23/2009

FISH & RICHARDSON PC P.O. BOX 1022

MINNEAPOLIS, MN 55440-1022

EXAMINER BHATTACHARYA, SAM

ART UNIT PAPER NUMBER

2617 DATE MAILED: 03/23/2009

 APPLICATION NO.
 FILING DATE
 FIRST NAMED INVENTOR
 ATTORNEY DOCKET NO.
 CONFRMATION NO.

 09/976.240
 10/12/2001
 Sac-Young Chung
 12/14-00/001
 97/12

TITLE OF INVENTION: BOOSTING A SIGNAL-TO-INTERFERENCE RATIO OF A MOBILE STATION

| APPLN, TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(8) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | YES          | \$755         | \$300               | \$0                  | \$1055           | 06/23/2009 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION NOT THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

#### PART B - FEE(S) TRANSMITTAL

# Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| INSTRUCTIONS: This<br>appropriate. All further<br>indicated unless correcte<br>maintenance fee notifical                                                               | form should be used to<br>correspondence including<br>a below or directed off<br>tions.                                                                                          | or tran<br>ig the I<br>ierwise                 | smitting the ISSU<br>Patent, advance or<br>in Block 1, by (a                                      | JE FEE and PUBLICAT<br>rders and notification of i<br>a) specifying a new corre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ION FEE (if requirement representation of the control of the contr | ired). I<br>vill be<br>; and/o                 | Blocks 1 through 5 s<br>mailed to the current<br>r (b) indicating a sepa                                                   | hould be completed where<br>correspondence address a<br>trate "FEE ADDRESS" fo                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDENCE ADDRESS (Nose: Use Block 1 for any change of address)                                                                                           |                                                                                                                                                                                  |                                                |                                                                                                   | Not<br>Fee<br>pap<br>bay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Note: A certificate of mailing can only be used for domestic mailings of the<br>Fe(s) Transmittal. This certificate cannot be used for any other accompanying<br>papers. Each additional paper, such as an assignment or formal drawing, must<br>have its own certificate of mailing or transmission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                                                                                                            |                                                                                                                                                   |
| FISH & RICHA<br>P.O. BOX 1022<br>MINNEAPOLIS                                                                                                                           | 7590 03/23<br>ARDSON PC<br>5, MN 55440-1022                                                                                                                                      | /2009                                          |                                                                                                   | I be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Cer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | tificat                                        | of Mailing or Trans                                                                                                        |                                                                                                                                                   |
|                                                                                                                                                                        |                                                                                                                                                                                  |                                                |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                            | (Depositor's name)                                                                                                                                |
|                                                                                                                                                                        |                                                                                                                                                                                  |                                                |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                            | (Signature)                                                                                                                                       |
|                                                                                                                                                                        |                                                                                                                                                                                  |                                                |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                            | (Date)                                                                                                                                            |
| APPLICATION NO.                                                                                                                                                        | APPLICATION NO. FILING DATE                                                                                                                                                      |                                                |                                                                                                   | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ATTORNEY DOCKET NO.                            |                                                                                                                            | CONFIRMATION NO.                                                                                                                                  |
| 09/976,240                                                                                                                                                             | 10/12/2001                                                                                                                                                                       |                                                |                                                                                                   | Sae-Young Chung                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                | 12144-009001                                                                                                               | 9712                                                                                                                                              |
|                                                                                                                                                                        |                                                                                                                                                                                  |                                                |                                                                                                   | RATIO OF A MOBILE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                            |                                                                                                                                                   |
| APPLN, TYPE                                                                                                                                                            | SMALL ENTITY                                                                                                                                                                     | ISS                                            | SUE FEE DUE                                                                                       | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | PREV. PAID ISSU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E FEE                                          | TOTAL FEE(S) DUE                                                                                                           | DATE DUE                                                                                                                                          |
| nonprovisional                                                                                                                                                         | YES                                                                                                                                                                              |                                                | \$755                                                                                             | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | \$0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                | \$1055                                                                                                                     | 06/23/2009                                                                                                                                        |
| EXAM                                                                                                                                                                   | INER                                                                                                                                                                             |                                                | ART UNIT                                                                                          | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                |                                                                                                                            |                                                                                                                                                   |
| BHATTACH                                                                                                                                                               | ARYA, SAM                                                                                                                                                                        |                                                | 2617                                                                                              | 455-453000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                            |                                                                                                                                                   |
| "Fee Address" ind<br>PTO/SB/47; Rev 03-0<br>Number is required.  3. ASSIGNEE NAME A                                                                                    | ondence address (or Cha<br>3/122) attached.<br>ication (or "Fee Address<br>12 or more recent) attack<br>ND RESIDENCE DAT.<br>less an assignce is ident<br>h in 37 CFR 3.11. Comp | nge of 6 " Indicated. Use                      | Correspondence  tion form of a Customer  E PRINTED ON                                             | 2. For printing on the p  (1) the names of up to or agents OR, alternati (2) the name of a sing registered attorney or 2 registered patent attorney or 2 registered patent attorney or 10 registered p | 3 registered pater<br>vely,<br>e firm (having as a<br>agent) and the nam<br>eners or agents. If<br>printed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | memb<br>es of u<br>no nan                      | p to p to a e is 3dentified below, the d                                                                                   | ocument has been filed for                                                                                                                        |
| Please check the appropr                                                                                                                                               | iate assignee category or                                                                                                                                                        | catego                                         | ries (will not be pr                                                                              | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Individual 🗖 C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | orporat                                        | ion or other private gro                                                                                                   | oup entity 🗖 Government                                                                                                                           |
| 4a. The following fee(s) are submitted:    Issue Fee   Publication Fee (No small entity discount permitted)   Advance Order - # of Copies                              |                                                                                                                                                                                  |                                                |                                                                                                   | b. Payment of Fee(s): (Ples A check is enclosed. Payment by credit can The Director is hereby overpayment, to Depo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | d. Form PTO-2038                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | is atta                                        | sched.<br>required fee(s), any de                                                                                          |                                                                                                                                                   |
|                                                                                                                                                                        | s SMALL ENTITY state                                                                                                                                                             | ıs. See :                                      | 37 CFR 1.27.                                                                                      | ☐ b. Applicant is no lon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                                                                            |                                                                                                                                                   |
| NOTE: The Issue Fee an<br>interest as shown by the                                                                                                                     | d Publication Fee (if req<br>records of the United Sta                                                                                                                           | uired) v<br>ites Pate                          | rill not be accepted<br>int and Trademark                                                         | d from anyone other than i<br>Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | he applicant; a reg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | istered                                        | attorney or agent; or th                                                                                                   | ne assignee or other party in                                                                                                                     |
| Authorized Signature                                                                                                                                                   |                                                                                                                                                                                  |                                                |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                                                                                            |                                                                                                                                                   |
| Typed or printed name                                                                                                                                                  |                                                                                                                                                                                  |                                                |                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Registration N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                                                                            |                                                                                                                                                   |
| This collection of inform<br>an application. Confident<br>submitting the completed<br>this form and/or suggesti<br>Box 1450, Alexandria, V<br>Alexandria, Virginia 223 | ation is required by 37 C<br>tiality is governed by 35<br>I application form to the<br>ions for reducing this bu<br>(irginia 22313-1450. DC<br>13-1450.                          | FR 1.3<br>U.S.C.<br>USPTO<br>rden, sh<br>O NOT | 11. The informatic<br>122 and 37 CFR<br>O. Time will vary<br>ould be sent to th<br>SEND FEES OR ( | on is required to obtain or<br>1.14. This collection is es<br>depending upon the indi-<br>e Chief Information Offic<br>COMPLETED FORMS T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | retain a benefit by<br>imated to take 12<br>ridual case. Any co<br>er, U.S. Patent and<br>O'THIS ADDRES:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the pub<br>minute<br>ommen<br>Trader<br>S. SEN | lic which is to file (and<br>s to complete, including<br>ts on the amount of timerk Office, U.S. Dep<br>D TO: Commissioner | by the USPTO to process;<br>gg gathering, preparing, and<br>me you require to complete<br>artment of Commerce, P.O.<br>for Patents, P.O. Box 1450 |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 08/07) Approved for use through 08/31/2010.



## UNITED STATES PATENT AND TRADEMARK OFFICE

#### UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address; COMMISSIONER FOR PATENTS

E COMMISSIONER FOR PATENTS P O Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

| APPLICATION NO.                             | FILING DATE    | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |  |
|---------------------------------------------|----------------|----------------------|---------------------|------------------|--|
| 09/976,240                                  | 10/12/2001     | Sae-Young Chung      | 12144-009001        | 9712             |  |
| 26161                                       | 590 03/23/2009 |                      | EXAM                | IINER            |  |
| FISH & RICHARDSON PC                        |                |                      | BHATTACHARYA, SAM   |                  |  |
| P.O. BOX 1022<br>MINNEAPOLIS, MN 55440-1022 |                |                      | ART UNIT            | PAPER NUMBER     |  |
|                                             |                |                      | 2617                |                  |  |

DATE MAILED: 03/23/2009

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 203 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 203 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.

## Notice of Allowability

| Application No.  | Applicant(s) |  |  |  |
|------------------|--------------|--|--|--|
| 09/976,240       | CHUNG ET AL. |  |  |  |
| Examiner         | Art Unit     |  |  |  |
| SAM BHATTACHARVA | 2617         |  |  |  |

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address-All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included
herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS
NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative
of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308.

- This communication is responsive to the Amendment filed 12/22/08.
- The allowed claim(s) is/are 1,2,5-17,19,36 and 37.
- Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
  - a) All b) Some\* c) None of the:
    - 1. 

      Certified copies of the priority documents have been received.
    - 2. Certified copies of the priority documents have been received in Application No. \_\_\_\_\_
    - Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)).
  - \* Certified copies not received: \_\_\_\_

Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application.
THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.

- 4. A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient.
- CORRECTED DRAWINGS ( as "replacement sheets") must be submitted.
  - (a)  $\square$  including changes required by the Notice of Draftsperson's Patent Drawing Review ( PTO-948) attached
    - 1) hereto or 2) to Paper No./Mail Date \_\_\_\_\_.
    - (b) 
      ☐ including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No./Mail Date \_\_\_\_\_.

Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d).

 DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.

## Attachment(s)

- 1. Notice of References Cited (PTO-892)
- 2 Notice of Draftperson's Patent Drawing Review (PTO-943).
- Information Disclosure Statements (PTO/SB/08), Pacer No./Mail Date
- Examiner's Comment Regarding Requirement for Deposit of Biological Material
- 5. Notice of Informal Patent Application
- € ☐ Interview Summery (PTO-413), Paper No./Mail Date
- 7. Examiner's Amendment/Comment
- 8.  $\hfill \square$  Examiner's Statement of Reasons for Allowance
- 9. 🔲 Other \_\_\_\_

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#### DETAILED ACTION

### Drawings

New corrected drawings in compliance with 37 CFR 1.121(d) are required in this
application because the drawings filed on 10/12/01 are informal. Applicant is advised to employ
the services of a competent patent draftsperson outside the Office, as the U.S. Patent and
Trademark Office no longer prepares new drawings. The corrected drawings are required in
reply to the Office action to avoid abandonment of the application. The requirement for corrected
drawings will not be held in abeyance.

## Allowable Subject Matter

- Claims 1, 2, 5-17, 19, 36 and 37 are allowed.
- 3. The following is an examiner's statement of reasons for allowance: the prior art fails to disclose dynamically reducing transmission power on a forward link in the second sector, determined based on a determination of a current state of transmissions to the at least one user in the first sector and to one or more users in the second sector, each of the one or more users in the second sector being in communication with the communication system only via the second sector, and at a later time, increasing the transmission power on the forward link in the second sector, as in claims 1 and 16; the sector controller further adapted to increase the signal-to-interference ratio of the at least one user in the first sector by communicating with other sector controllers in the first cell or in a second cell to coordinate a dynamic reduction of transmission power on a forward link in a second sector and an increase of the transmission power at a later time, the second sector being in the first cell or in the second cell, wherein the reduction of the

transmission power is based on a current state of transmissions to the at least one user in the first sector and to one or more users in the second sector, each of the one or more users in the second sector being in communication with the communication system only via the second sector, as in claim 19.

Any comments considered necessary by applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."

Any inquiry concerning this communication or earlier communications from the examiner should be directed to SAM BHATTACHARYA whose telephone number is (571)272-7917. The examiner can normally be reached on Weekdays, 9-5:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, George Eng can be reached on (571) 272-7495. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

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Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <a href="http://pair-direct.uspto.gov">http://pair-direct.uspto.gov</a>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

sb /Sam Bhattacharya/ Primary Examiner, Art Unit 2617